

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09783353

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3							53						
4		1					54		1				
5							55						
6		1					56						
7							57		1				
8		1					58						
9							59		1				
10		1					60						
11							61		1				
12		1					62						
13							63	1					
14		1					64		1				
15							65						
16		1					66		1				
17							67						
18		1					68		1				
19							69						
20		1					70		1				
21							71						
22		1					72		1				
23							73						
24		1					74		1				
25	1						75						
26							76		1				
27		1					77						
28							78		1				
29		1					79						
30							80		1				
31							81						
32		1					82		1				
33							83						
34		1					84		1				
35							85						
36		1					86		1				
37							87						
38		1					88		1				
39							89						
40		1					90		1				
41							91						
42		1					92						
43							93		1				
44		1					94						
45							95		1				
46		1					96						
47							97		1				
48		1					98						
49							99		1				
50	1						100						
TOTAL IND.		5					TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	86					
TOTAL CLAIMS							TOTAL CLAIMS	91					

BEST AVAILABLE COPY